

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
July 2014Form must be Typed
Form must be Signed
All blanks must be Filled**REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT**Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

Check Applicable Boxes:

- ☐ Oil Lease: No. of Oil Wells _____ **
- ☐ Gas Lease: No. of Gas Wells 11 8 **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: TYRO**** Side Two Must Be Completed.**Effective Date of Transfer: 8-1-2016KS Dept of Revenue Lease No.: 212289Lease Name: CARNES (ALL)_____-_____-_____- Sec. 3/10 Twp. 35S R. 15 ☒ E ☐ W

Legal Description of Lease: _____

NZ of NE of Sec 10County: MONTGOMERYProduction Zone(s): BARTLESVILLE, WAYSIDEInjection Zone(s): _____ Received
KANSAS CORPORATION COMMISSION

NOV 07 2016

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling KH ✓Past Operator's License No. 34027 ✓Past Operator's Name & Address: CEP MID-CONTINENT LLC
P. O. BOX 970 SKIATOOK, OK 74070Title: CHARLES WARD, CHIEF OPERATING OFFICERContact Person: VICKIE HARTERPhone: 918-877-2923

Date: _____

Signature: _____

AUG 22 2016

CONSERVATION DIVISION
WICHITA, KSNew Operator's License No. 32353 ✓New Operator's Name & Address: GATEWAY RESOURCES U.S.A. INC
1821 S.E. ARBOR DRBARTLESVILLE, OK 74006Title: A. BLAINE HANKS, PRESIDENTContact Person: A. BLAINE HANKSPhone: 918-914-2212Oil / Gas Purchased: GAS-GATEWAY RES 32353
Oil - CFVL CRUDE 21004Date: AUG 01 2016

Signature: _____

KCC WICHITA

AUG 03 2016

RECEIVED

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by:

Permit No.: _____ . Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit

permitted by No.: _____ .

Date: _____

Authorized Signature

DISTRICT _____ EPR 11/7/16 PRODUCTION 11-876 NOV 08 2016

Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: CARNES (ALL)

* Location: SECTION 10-35S-15E

Received
KANSAS CORPORATION COMMISSION
NOV 07 2016
CONSERVATION DIVISION
WICHITA, KS

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 34027

Name: CEP MID-CONTINENT LLC

Address 1: P. O. BOX 970

Address 2: _____

City: SKIATOOK State: OK Zip: 74070 + _____

Contact Person: VICKIE HARTER, SR REG AFF SPEC

Phone: (918) 877-2923 Fax: (918) 877-2921

Email Address: VICKIE.HARTER@CEPLLC.COM

Well Location: _____

Sec. 10 Twp. 35 S. R. 15 ☒ East ☐ West

County: MONTGOMERY

Lease Name: CARNES Well #: ALL

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

10-35S-15E

N2 of NE of Sec 10

Surface Owner Information:

Name: FLORENCE F CARNES

Address 1: 1611 CR 3500

Address 2: _____

City: COFFEYVILLE State: KS Zip: 67337 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

7-19-2016

Date: _____ Signature of Operator or Agent: Vickie Harter

SR. REG. AFF. SPEC.

Title: _____